

Niagara District Health Council

Conseil régional de santé de Niagara

# *REPORT ON HOMELESSNESS IN NIAGARA*

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# *REPORT ON HOMELESSNESS IN NIAGARA*

**April 1997**

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*This report was prepared by Eleanor Amyotte and Jean Irish with assistance from Barb Chrysler, Karen Lethbridge, Jeannette Wilcox and Gary Zalot.*

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# *EXECUTIVE SUMMARY*

The response of the average person when asked to describe the homeless population is, *"Bums, Drop-outs, Alcoholics and they choose to be there"*. The purpose of writing this paper is to gain a true picture of the homeless situation in Niagara.

The most important fact that became clear during this study, is that the system has failed this population. This belief has been reinforced by both the agencies surveyed and the homeless themselves.

There seems to be concern for the homeless among agencies within the system, however there is a gap in knowing what action is needed to eliminate the problem.

Although, it is recognized that it is difficult to meet the needs of the homeless population, this group of people need to be included while implementing mental health reform for Niagara.

This vulnerable population has often been described as "hard to serve", and those that have fallen through the cracks of the formal system. It is recognized, in talking to people within the system, that available housing has always been a problem in Niagara, however, the problem is greater than just the lack of housing.

**Study Methodology**

Two consumer/survivor consultants were hired by the Niagara District Health Council to lead the study. Surveys, interviews and a literature review were utilized to collect data for this report. For the purpose of the study the definition of homelessness is:

> *"A person is considered homeless; or socially isolated if she/he lacks adequate shelter, resources and community ties or whose accommodation is at risk given a lack of resources and community ties."*
>
> (Ministry of Health, 1996)

The patterns of homelessness were defined as unstable living situation demonstrated by the use of emergency housing, health services or living on the street. In order to determine housing stability/instability service providers were asked to report the pattern of homelessness for each user of their service during the year 1996. The patterns of homelessness were defined as:

- Chronic (living in shelters or on the streets most of the time)
- Episodic (moves often with periods of no housing)

- Situational (without housing due to a significant life event such as fire or domestic violence)
- Seasonal (finds housing during inclement weather)

Forty-two surveys were distributed to a variety of agencies that deal with the homeless population in the region, including Housing Help Centres, CMHA's, Clubhouses, Soup Kitchens etc.. (Appendix D)

The findings reveal that a high percentage of people with no fixed address have mental health problems and an ever higher percentage have addiction problems. The interviews of forty-seven people were conducted in Fort Erie, Niagara Falls, St. Catharines and Welland.

**Findings**

**a) Agency Survey**

The focus of the study was to include as much qualitative data as possible. The data is used to describe as accurately as possible the homeless situation in Niagara.

- Episodic is the most predominate category of homelessness in the Niagara region, with Fort Erie and Niagara Falls supporting this position. Port Colborne, St. Catharines and Welland indicate that situational is their highest homeless category with episodic following. Chronic homelessness throughout Niagara is the second highest category while the seasonal category accounts for the lowest number of people.
- At least 50% of the homeless population have been identified as having mental health problems, while approximately 75% have problems with addictions.
- The percentage of mental health problems and addictions within the homeless population varies throughout the region, according to the agencies surveyed (see Table 4).

**b) Consumer Survey**

- 47 people were surveyed - 34 (72.3%) were male and 13 (27.7%) were female
- Of the 34 males - 14 were currently homeless and 10 of the 14 have mental health problems. Of the 13 females - 4 were currently homeless and 3 of the 4 have mental health problems
- In the age group 25 - 44 (89%) of the people interviewed have mental health problems. The next most significant group is the 16 - 24 age range of which 77% have mental health problems

### c) Consumer Interviews

Of the individuals who were interviewed, 25 men and 9 women were homeless within the last year, 3 men and 3 women were homeless within the last 1-3 years, and 6 men and 1 woman were homeless within the last 3-6 years (see Table 2 on page 12).

The predominate feeling of people on the street is one of loneliness, rejection, hopelessness and the fear of violence. A lack of money leads to inadequate housing, food and clothing, which is the pervasive way of the street. Many people, approximately 45%, identify not accessing money because it means "buying into the system, being accountable and the feeling of "being controlled". This is often exacerbated by the presence of mental health problems.

## Conclusions

This study has revealed the inability of our present system to meet the needs of the homeless population. The findings show the second largest number of homeless is the adolescent age group, which is confirmed by some agencies reporting an increasing number of adolescents that are bouncing from "friend to friend" while looking for employment or waiting for welfare. Another significant finding is the high percentage of mental health problems and addictions identified amongst the homeless population.

## Recommendations

These recommendations are an attempt to address the identified gaps, barriers, and challenges in meeting the needs of the homeless population.

1) It has been identified that not all homeless people want supportive housing but they do want support. The system requires more "street workers" to become involved "out in the street" to build trusting relationships with the homeless population. The Community Support Workers Program funded by the Ministry of Health through Community Investment Funds can help to meet this need. Community support workers should work out of the Housing Help Centres, Salvation Army, drop in centres and the Detox Centre, where the highest percentage of the homeless population congregate.

2) The new community support workers should connect with disconnected youths and Housing Help drop-in centres. These workers will need specialized training in working with youths and in working on the street.

3) An attitude of empathy and respect is essential and the use of flex funding as an extension of friendship may facilitate relationship building between outreach workers and the homeless (i.e., sharing coffee and sandwiches).

4) The Implementation Plan for the Mental Health System Design should consider the design of an educational package with basic components of empathy, respect and dignity to be provided to all service providers to meet the needs of this population.

5) The community needs to develop a coordinated system in which the individuals needs are met and no one would be "black listed" or fall through the cracks. Service agreements should be used to formalize new arrangements among service providers and to ensure linkage of vital services such as: crisis, support workers, housing, drop-in programs, hostels, hospitals and consumer and family organizations (e.g., agreements with Regional Niagara Public Health Dept. And Housing Help Centres).

6) With the high rate of mental health and addiction problems in the homeless population, community agencies should explore the feasibility of sharing existing space to deliver services. By working collaboratively, scarce resources can be used effectively to meet the needs of consumers with concurrent disorders.

7) Additional dollars needs to be allocated to establish more homes throughout Niagara. Currently, 71 spaces are available through the Homes for Special Care Program located in Niagara north. CMHA - Niagara South and Gateway provide an additional 10 spaces in Niagara north and an additional eighteen spaces in Niagara south. Safe, clean, affordable housing with support attached is needed throughout the region.

8) The adolescent and adult population have identified the need to have separate accommodation to meet their different needs. Phoenix safe beds, through Community Investment Funds, will provide a beginning "crisis bed system". Additional dollars should be allocated to extend the provision of safe beds throughout Niagara, 7-days per week and 24-hours per day.

9) Involvement and education of the community will broaden public awareness which can help to create a positive atmosphere for enhanced political and funding support for service initiatives aimed at this population. This can be achieved by inviting the community to be involved in program development (e.g., Churches - out-of-the-cold programs; high schools - awareness programs).

10) All agencies involved in providing services to this population should use a standardized approach to data collection. There are existing systems available in the province that can be used as a model.

# *RÉSUMÉ GÉNÉRAL*

Quand on demande au commun des mortels de décrire la population des sans-abri, on risque de recueillir le commentaire : *« Ce sont des clochards, des décrocheurs, des alcooliques, qui choisissent d'être là ».* Or le but du présent mémoire est de présenter un portrait fidèle des sans-abri dans la région de Niagara.

Au cours de la présente étude, une chose a sauté aux yeux : le système a manqué de répondre aux besoins de cette population. Cette affirmation est appuyée non seulement par les organismes participant au sondage, mais aussi par les sans-abri eux-mêmes.

Certaines agences qui oeuvrent au sein du système semblent s'intéresser aux sans-abri; cependant, on ne sait quoi faire au juste pour faire disparaître ce phénomène.

On reconnaît la difficulté de répondre aux besoins de la population des sans-abri. Cependant, il faudra tenir compte de cette catégorie de personnes en mettant en oeuvre la réforme des services de santé mentale pour la région de Niagara.

On dit souvent, au sujet de cette population vulnérable, qu'elle est « difficile à servir », et qu'elle est composée de personnes qui n'ont pas été repêchées par le filet du système formel. En parlant aux gens qui se trouvent dans le système, on s'aperçoit vite que la disponibilité des logements a toujours fait problème à Niagara. Cependant, le problème dépasse les limites d'une simple pénurie de logements.

## Méthodologie de l'étude

Le Conseil régional de santé de Niagara a embauché deux usagers/survivants comme experts-conseils, pour diriger l'étude. Les données nécessaires pour la préparation du présent rapport ont été réunies au moyen de sondages, d'entrevues et d'une révision de la documentation pertinente. Aux fins de l'étude, on définit les sans-abri comme suit :

> *« Une personne est censée être sans abri ou isolée du point de vue social si elle ne dispose pas d'un logement décent, de ressources suffisantes et de liens adéquats avec la communauté, ou si son hébergement est à risque en raison d'un manque de ressources et de liens avec la collectivité. »*
>
> (ministère de la Santé, 1996)

La situation des sans-abri est caractérisée par des conditions de vie instables dont témoignent le recours au logement d'urgence et aux services de santé d'urgence ainsi que le fait d'être à la rue. Afin de mieux définir la stabilité et l'instabilité au niveau du logement, on a demandé aux prestateurs de

services de décrire le mode de vie sans abri pour chaque personne ayant utilisé leurs services au cours de l'année 1996. On a réussi ainsi à distinguer quatre modes de vie sans abri :

- mode chronique (la personne vit dans les refuges ou est à la rue la plupart du temps);
- mode épisodique (la personne se déplace souvent, et parfois passe par une période où elle est sans logis);
- mode ponctuel (la personne se trouve sans logement à cause d'un événement catastrophique de sa vie, tel qu'un incendie ou une flambée de violence conjugale); et
- mode saisonnier (la personne trouve un logement pendant la saison du mauvais temps).

On a distribué quarante-deux questionnaires de sondage à divers organismes qui s'occupent de la population des sans-abri dans la région, y compris les centres d'aide-logement, les sections locales de l'ACSM, les pavillons, la soupe populaire, etc. (voir l'annexe D).

Les résultats du sondage révèlent qu'une forte proportion des personnes sans domicile fixe souffrent de problèmes de santé mentale, et qu'un pourcentage encore plus élevé se débat avec la toxicomanie. Par ailleurs, on a effectué des entrevues auprès de quarante-sept personnes dans les villes de Fort Erie, de Niagara Falls, de St. Catharines et de Welland.

## Constatations

### a) Sondage auprès des agences

L'étude avait pour but d'obtenir autant de données qualitatives que possible. Ces données servent à décrire, avec la plus grande précision possible, la situation des sans-abri dans la région de Niagara.

- Dans la région de Niagara, le phénomène des sans-abri se présente surtout selon le mode épisodique, aux dires des intervenants de Fort Erie et de Niagara Falls. En revanche, les villes de Port Colborne, de St. Catharines et de Welland indiquent que le mode ponctuel est le plus répandu chez elles, et que le mode épisodique vient en deuxième position. Pour toute la région de Niagara, le mode chronique de la vie sans abri est la deuxième catégorie en importance, alors que le moindre nombre de personnes sans abri se trouvent dans la catégorie des sans-abri saisonniers.
- On a constaté qu'au moins 50 p. 100 de la population des sans-abri ont des problèmes de santé mentale, tandis qu'environ 75 p. 100 sont aux prises avec la toxicomanie.
- Le pourcentage des problèmes de santé mentale et de toxicomanie chez les sans-abri varie d'un endroit à l'autre dans la région, selon l'organisme consulté (voir le tableau 4).

**b) Sondage auprès des usagers**

- On a effectué un sondage auprès de 47 personnes, dont 34 hommes (72,3 p. 100) et 13 femmes (27,7 p. 100).
- Des 34 hommes, 14 se trouvaient sans abri au moment du sondage, et ce de nombre, 10 avaient des problèmes de santé mentale. Quant aux 13 femmes, quatre d'entre elles étaient sans abri à l'époque, et trois de ces quatre sans-abri avaient des problèmes de santé mentale.
- Dans le groupe d'âge de 25 à 44 ans, 89 p. 100 des personnes consultées avaient des problèmes de santé mentale. Le deuxième groupe en importance à cet égard était les 16 à 24 ans, dont 77 p. 100 avaient des problèmes de santé mentale.

**c) Entrevues avec des usagers**

Parmi les personnes interviewées, 25 hommes et 9 femmes avaient été sans abri au cours de la dernière année, trois hommes et trois femmes avaient été sans abri dans la période d'un à trois ans auparavant, et six hommes et une femme avaient été sans abri dans la période de trois à six ans auparavant (voir le tableau 2 à la page 12).

Parmi les gens qui sont à la rue, les sentiments qui prédominent sont la solitude, l'impression d'être laissé pour compte, le désespoir et la peur de violence. Faute d'argent, ces personnes doivent se contenter de logis, de nourriture et de vêtements de piètre qualité. La vie à la rue, c'est essentiellement ça. Beaucoup de ces personnes, soit environ 45 p. 100, disent qu'elles ne veulent pas avoir de l'argent parce que cela signifie se plier aux exigences du système, avoir à rendre ses comptes et se sentir « contrôlé ». Ces difficultés sont souvent aggravées par des problèmes de santé mentale.

## Conclusions

La présente étude a fait ressortir que notre système actuel est incapable de répondre aux besoins de la population des sans-abri. Selon nos constatations, les adolescents constitueraient le deuxième groupe de sans-abri en importance. Ce constat est confirmé par certains organismes, qui signalent qu'un nombre croissant d'adolescents font le tour d'ami en ami pendant qu'ils cherchent un emploi ou attendent de recevoir des prestations de l'assistance sociale. Une autre constatation importante est le pourcentage élevé de problèmes de santé mentale et de toxicomanie dans la population des sans-abri.

**Recommandations**

En préparant les recommandations suivantes, nous avons cherché à combler les lacunes, surmonter les barrières et relever les défis que nous avons constatés, afin de mieux répondre aux besoins de la population des sans-abri.

1) On a trouvé que le logement de soutien n'est pas désiré par tous les sans-abri, mais que tout le monde veut un certain soutien quand même. Il est donc nécessaire que le système embauche plus d' « intervenants de la rue » pour s'impliquer sur le terrain et bâtir ainsi des rapports de confiance avec la population des sans-abri. Le Programme des intervenants de soutien communautaire, financé par le ministère de la Santé par l'intermédiaire du Fonds d'investissement communautaire, peut aider à répondre à ce besoin. Les intervenants communautaires offrant un soutien aux sans-abri devraient travailler à partir des centres d'aide-logement, des locaux de l'Armée du Salut, des haltes-accueil et du centre de désintoxication, car ce sont les lieux où la plus forte proportion des sans-abri se réunissent.

2) Les nouveaux intervenants du soutien communautaire devraient rejoindre la jeunesse révoltée dans les centres d'aide-logement et les haltes-accueil. Ces intervenants auront besoin d'une formation spécialisée qui leur permettra de travailler efficacement avec des jeunes dans la rue.

3) La compassion et le respect sont indispensables. L'utilisation de fonds à discrétion pourra conforter les liens d'amitié et favoriser la création de bonnes relations entre les intervenants du service d'approche et les sans-abri (p. ex., le partage du café et des sandwiches).

4) Le plan de mise en oeuvre pour la conception d'un système de services de santé mentale devrait envisager l'élaboration d'un programme de formation fondé sur la compassion, le respect et la dignité, qui serait offert à tous les prestateurs de services pour les aider à répondre aux besoins de la population des sans-abri.

5) La communauté doit mettre au point un système coordonné où l'on répondrait aux besoins de tous et personne ne serait « mise sur la liste noire » ni laissée pour compte. On devait établir des contrats de services pour donner un caractère officiel aux nouveaux arrangements parmi les prestateurs de services, et pour assurer des liaisons entre les services d'importance primordiale : intervention en cas de crise, intervenants de soutien, logement, programmes d'halte-accueil, refuges, hôpitaux et regroupement d'usagers et de familles (p. ex., on passerait des contrats avec le Bureau régional de santé de Niagara et avec les centres d'aide-logement).

6) Vu le taux élevé des problèmes de santé mentale et de toxicomanie chez la population des sans-abri, les organismes communautaires devraient étudier la possibilité de partager les locaux existants pour la prestation des services. Un travail de collaboration permettrait de faire un usage plus efficace de ressources qui se font rares, pour répondre aux besoins des personnes souffrant de troubles concurrents.

7) Il faut affecter des fonds supplémentaires à l'établissement de nouveaux foyers à travers la région de Niagara. À l'heure actuelle, 71 places sont disponibles par l'intermédiaire du Programme des foyers de soins spéciaux. Ce programme est implanté dans le nord de la région. La section du sud de Niagara de l'ACSM et l'organisme *Gateway* fournissent 10 autres places dans le nord de Niagara, et 18 places dans le sud de la région. On a besoin, partout dans le Niagara, de logements propres, abordables et sûrs qui puissent offrir le soutien nécessaire.

8) Les adolescents et les adultes dans la population ont signalé le besoin d'avoir des logements distincts, pour répondre à leurs besoins différents. Grâce à la contribution du Fonds d'investissement communautaire, l'organisme Phoenix offrira des lits sûrs, pour jeter les bases d'un véritable système de « lits de crise ». On devrait affecter d'autres crédits pour augmenter le nombre de lits sûrs disponibles à travers la région de Niagara et ce, sept jours par semaine, jour et nuit.

9) L'engagement et l'éducation de la communauté permettra de mieux sensibiliser le grand public et de faire naître un climat positif dans lequel on saura obtenir un soutien politique et financier plus important pour les initiatives de service à l'intention de la population des sans-abri. On pourra parvenir à ce but en invitant les membres de la collectivité à participer à l'élaboration des programmes (p. ex., les églises pourraient s'intéresser aux programmes pour « sortir du froid », et les écoles secondaires aux programmes de sensibilisation).

10) Tous les organismes offrant des services à la population des sans-abri devraient employer une méthode normalisée de collecte de données. Des systèmes existent déjà dans la province qui pourraient servir de modèles pour un tel système.

# 1 INTRODUCTION

To catch a glimpse of life on the streets, the consultants chose the following article from the St. Catharines Standard, 1996:

> *"John laughs a lot for someone with no place to go for shelter from the bitter cold that has swept the region in the last week. "It is pretty good now, the sun is shining" chuckled the shy St. Catharines man Saturday morning as he took a breather from pushing his worldly belongings around in a shopping cart on Queenston Street. "Its still cool though".*
>
> *A St. Catharines native, John studied business administration at Brock University before running out of money. He worked in construction for a while and then "just ended up on the streets" about a year ago. Government assistance is out of the question because he has no legitimate identification and he relies on hand-outs for food from generous passers-by.*
>
> *Some are lucky enough to find refuge in shelters, ...*
>
> *In the meantime, many street people are forced or prefer to find other ways to keep warm. Some wrap themselves in newspapers, sleep under bridges or in alleys, hang out in coffee shops or malls until they get kicked out, or like John, spend the cold nights walking around to keep warm."*
>
> (St. Catharines Standard, 1996)

Adequate shelter is one of the most basic of human needs. Homelessness is not an isolated social phenomenon, rather, it is related to a wide range of socio-economic forces. This is an important point to understand, if one is to effectively bring about change with the homeless population. This paper will attempt to determine the size of the homeless problem, some of its major causes, and the ways in which well-meant attempts at improving the situation often fail.

## *A POEM REGARDING HOMELESSNESS*

***Andreia Lynn Wehlann***

*River of emptiness*
*tears gently flow*
*uproaring inside*
*each tear holds a wish*

*A wish for forgiveness*
*and many more*
*a smile at least*
*what could that hurt*

*hurt is constant*
*as the river flows*
*a streaming pain*
*that nobody knows*

*confined inside*
*drowning, she sinks*
*the rivers are rapid*

*as sanity is washed away*
*swamps of emptiness*
*fear, hurt and desolation*

*uproaring inside*
*as tears continue to flow*
*she waits alone in solitude*
*waiting for the wave*
*to gently splash upon*
*her face*
*and wash the pain away*

# 2 *DEFINING THE PROBLEM*

In many countries, including Canada, housing for the poor and the homeless has been low on the political agenda. With the current focus on reducing the deficit, governments have been decreasing rather than increasing their expenditures on housing and shelter related programs.

In 1989, the Canadian Council on Social Development (CCSD) organized the first national study of homelessness in recent years. Previous reports were published in 1939 and 1961. From the research at the CCSD, it has been concluded that any serious effort to combat homelessness in Canada must address the underlying causes as well as the symptoms. *"We need to redress shortcomings in social policies and legislation that:*

- *perpetuate or do little to alleviate poverty;*
- *allow deinstitutionalisation of psychiatric patients to proceed without providing adequate community support;*
- *allow continuous shrinking of the supply of affordable housing."*

Generally, little is known about the homeless population, therefore, in preparation for this study, the paper, "Homelessness and Mental Illness in Hamilton - Wentworth Region" was used as a guide. As far as it is known, there has been no extensive, region - wide study of homelessness in Niagara.

Lack of housing has been identified as a problem in the mental health field. Analysis of housing data in the report "Mental Health System Design for Niagara" (1996) reveals that there are 103 beds funded by the Ministry of Health. Canadian Mental Health Association - Niagara South has Transitional Group Homes and Lodging Homes in St Catharines and Niagara Falls providing 20 beds. Gateway Residence in Welland, a residential facility provides an additional 8 beds, while the remaining beds distributed throughout the region are provided by Homes for Special Care.

There are 19 co-operatives, 36 non-profit housing, 2 native urban housing, 3 public housing (single and family), 24 public seniors housing, 18 family public housing and 3 rent supplement programs in Niagara. These accommodations have huge waiting lists and although there are 11 temporary shelters and 11 supported living projects, people with serious mental health problems often do not meet the criteria to gain accommodation. The housing help centres within the region have identified:

- that individuals with mental health problems often have difficulty in acquiring and keeping housing
- there is a lack of after hours support
- there is a general lack of services

Most places require individuals to have the ability to live independently.

The "*Niagara District Mental Health Needs Assessment (1996)*" states that Niagara needs a total of 462 residential spaces to meet the Ministry of Health 1997/98 5-year mental health reform benchmark for residential housing spaces. To meet the 10-year benchmark, we require 988 residential spaces.

This study funded by the Niagara District Health Council and the Ministry of Health, as part of Mental Health Reform planning for Niagara, provides an opportunity to examine and better understand homelessness and mental health problems in our community.

# 3 METHODOLOGY

**Definitions:**

- Homelessness:

> *"For the purpose of this study, a person is considered homeless; or socially isolated if she/he lacks adequate shelter, resources and community ties or whose accommodation is at risk given a lack of resources and community ties."*
>
> (Ministry of Health, 1996)

- Mental Health Problems and Addictions:

> *"Mental health problems and addictions were based on the judgement of the service providers or by self disclosure of the consumer/survivors to service providers and to the consultants."*
>
> (Homelessness & Mental Illness in Hamilton-Wentworth, 1994)

The Niagara District Health Council hired two consumer/survivor consultants on a contractual basis, to explore the homeless situation in Niagara. One of the consultants experienced homelessness as a youth for a period of 1½ years and both have experience working in a soup kitchen

# 4 METHODS

The information for this study was collected through a four prong methodology including:

(1) agency surveys;
(2) interviews with people who experience homelessness and mental illness;
(3) literature and local report review; and,
(4) snapshot survey

Data for this project were collected from December 1996 to March 1997.

**Agency Surveys** (Appendix A)

The consultants adapted the questionnaire from the *"Homelessness and Mental Illness in Hamilton-Wentworth"* paper (see Appendix F). The survey was distributed to 42 agencies with the expectation that the survey would be completed within one week. Attempting to collect data over the Christmas holidays was difficult. Of the 42 agencies contacted to be involved in the study, 27 responded to the request (see Appendix D).

Agencies identified as serving the population that experience homelessness and mental health problems were targeted to conduct the surveys. Agencies were asked to complete the survey using data from their statistical information, and to include people who were currently homeless or who had experienced homelessness within the year 1996.

**Conducted Interviews** (Appendix B)

Again, the interview survey for the homeless was adapted from the above mentioned study. The consultants contacted housing help centres, club houses and The Basement College to obtain assistance in connecting with the homeless population to complete the surveys. Each person interviewed completed a consent form (Appendix C) and was offered $5.00 for their time. A total of 47 people were interviewed for this project.

# 5 CONSUMER, AGENCY AND SNAPSHOT SURVEYS

## 5.1 Consumer Survey Results

The majority of the interviewing of 47 people, was conducted by the two consultants at the agencies or on the street, other interviews were conducted by staff of two agencies. Both of the consultants were impressed with the openness of the people experiencing homelessness, during the survey process. As can be seen in the table below, the majority of those who are homeless are single men in the 25-44 age category.

**TABLE 1**
**Summary of Individuals' Profile According to Gender**

| | # of Males | # of Females |
|---|---|---|
| **Total** | 34 | 13 |
| **AGES** | | |
| Under 16 | 0 | 1 |
| 16 - 24 | 8 | 5 |
| 25 - 44 | 22 | 6 |
| 45 - 64 | 4 | 0 |
| 65+ | 0 | 1 |
| **MARITAL STATUS** | | |
| Married | 0 | 0 |
| Common Law | 0 | 2 |
| Separated | 3 | 0 |
| Divorced | 4 | 1 |
| Single | 27 | 9 |
| Widow | 0 | 1 |
| **PRESENTLY HOMELESS** | 14 | 4 |
| **PRESENTLY HAS AN ADDRESS*** | 20 | 9 |

** Have experienced homelessness within 0-6 years.*

Of the individuals who were interviewed, 25 men and 9 women were homeless within the last year, 3 men and 3 women were homeless within the last 1-3 years, and 6 men and 1 woman were homeless within the last 3-6 years (see Table 2 following).

**TABLE 2**
**Tenure of Living (most recent housing)**

| | MALE | FEMALE | TOTAL |
|---|---|---|---|
| No tenure* | 14 | 4 | 18 |
| Under 1 year | 11 | 5 | 16 |
| 1 - 3 years | 3 | 3 | 6 |
| 3 - 6 years | 6 | 1 | 7 |
| **TOTAL** | **34** | **13** | **47** |

** Indicates presently homeless.*

Figure 1 below is a breakdown according to gender related to housing and mental health problems. The total number of males interviewed was 34. Fourteen or 41% were currently homeless, 10 or 71% of this population have mental health problems. Twenty or 59% had a fixed address, but were previously homeless, 16 or 80% have a mental health problem.

The total number of females interviewed was 13. Four or 31% were homeless, with mental health problems identified in 3 or 75% of this group. Of the 9 or 69% of those with a fixed address, but previously homeless, 8 or 89% had a mental health problem. The basis for determining a fixed address is that: (1) the person paid rent; and, (2) had been in the identified place for at least a 2 month time period. All those interviewed had been homeless within the past 6 years.

**FIGURE 1**
**Consumer Survey - Breakdown according to Gender Related to Housing and Mental Health Problems**

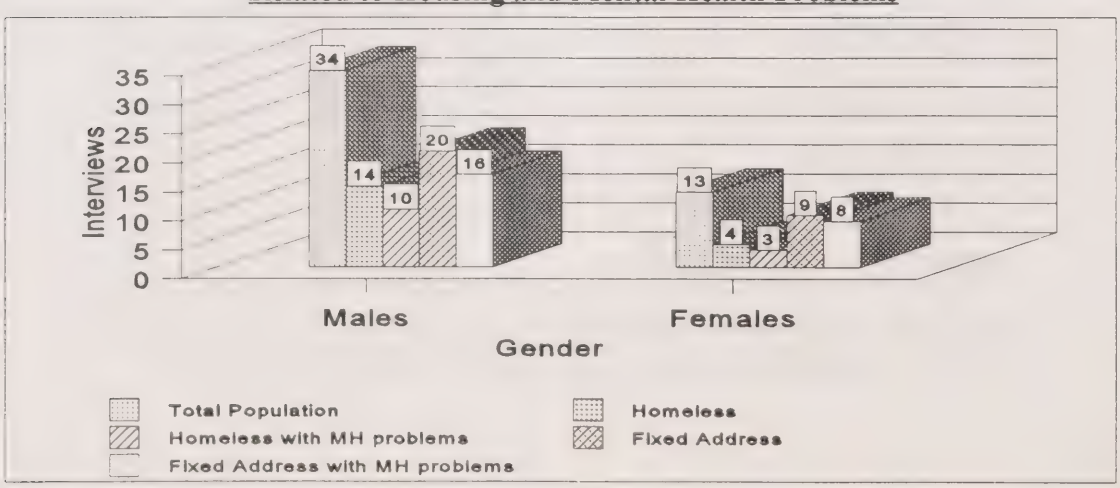
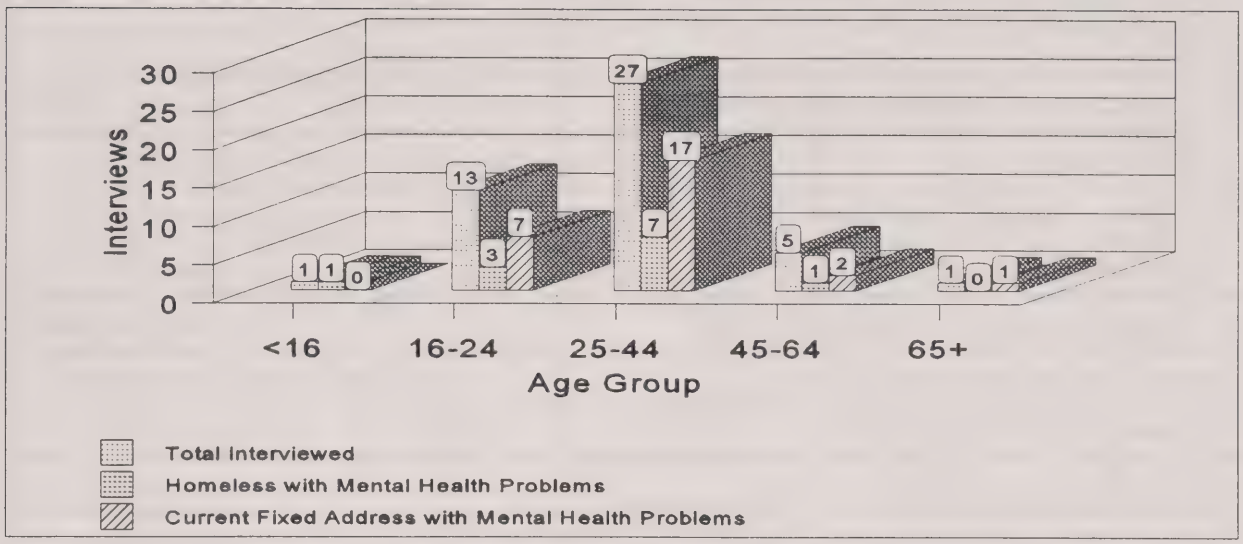


Figure 2 is a breakdown according to age, mental health problems and housing. In the age group of 25-44, 24 or 89% of 27 people interviewed have mental health problems. The next most significant group is the 16-24 age group. Of a total of 13 people, 10 or 77% have mental health problems.

**FIGURE 2**
**Consumer Survey - Breakdown According to Age, Mental Health Problems and Housing**




## 5.2 Agency Survey Results

Episodic is the most predominate category of homelessness in the Niagara region, with Fort Erie and Niagara Falls supporting this position. Port Colborne, St. Catharines and Welland indicate that situational is their highest homeless category with episodic following. Chronic homelessness throughout Niagara is the second highest category while the seasonal category accounts for the lowest number of people.

**TABLE 3**
**Patterns of Homelessness According to Agency Survey**

| AGENCY | Chronic | Situational | Episodic | Seasonal |
|---|---|---|---|---|
| **FORT ERIE** | | | | |
| Basement College | 0 | 0 | 5 | 0 |
| Fort Erie Housing Help Centre | 34 | 18 | 68 | 17 |
| **NIAGARA FALLS** | | | | |
| Project Share, Housing Help Centre | 133 | 26 | 57 | 50 |
| YWCA | 2 | 1 | 1 | 0 |

| AGENCY | Chronic | Situational | Episodic | Seasonal |
|---|---|---|---|---|
| Salvation Army | 113 | 0 | 314 | 4 |
| CMHA Niagara South | 3 | 0 | 1 | 1 |
| **PORT COLBORNE** | | | | |
| Port Cares | 1 | 6 | 2 | 0 |
| **ST. CATHARINES** | | | | |
| City Mission | 10 | 10 | 10 | 40 |
| Detox Centre, Hotel Dieu Hospital (men & women) | 19 | 934 | 186 | 19 |
| Main Stream | 0 | 0 | 1 | 0 |
| CMHA St. Catharines, Club House | 15 | 2 | 14 | 4 |
| St. Catharines Housing Help Centre | 55 | 185 | 30 | 35 |
| Niagara Assessment & Programming Services | 0 | 0 | 1 | 0 |
| St. Catharines General Hospital, Crisis | 2 | 2 | 0 | 0 |
| Friends of Schizophrenics (FOS) | 0 | 0 | 6 | 0 |
| **WELLAND** | | | | |
| Oak Centre - Alternative Community Support | 3 | 8 | 27 | 0 |
| Women's Place - Welland & District Inc. | 4 | 23 | 0 | 0 |
| Consumer Survivor Initiative of Niagara | 0 | 0 | 5 | 0 |
| Gateway Residence of Niagara Inc. | 0 | 1 | 0 | 0 |
| Welland County General Hospital (Mental Health Services) | 2 | 1 | 0 | 1 |
| Community Legal Services of Niagara South Inc. | 1 | 5 | 2 | 3 |

The following agencies report working with the largest percentage of homeless individuals. In Fort Erie, the Housing Help Centre indicated 20.67% or 174 individuals are homeless. In Niagara Falls, Project Share, Housing Help Centre identified 390 or 10.86% individuals had no fixed address. The Salvation Army identified 470 or 10.61% individuals had no fixed address. New Port Centre in Port Colborne estimates 4.83% or 52 individuals are homeless. High percentages of homeless in St. Catharines are reported by St. Catharines Housing Help Centre at 31.27% or 673, CMHA St. Catharines, Phoenix House at 29.17% or 35, while City Mission report 20% or 200 and Hotel Dieu Hospital Detox Centre indicate 17.46% or 371 homelessness which together equals a total of 1,278 individuals. Welland's homeless population is indicated through Housing Help Centre, Community Resource and Action Centre at 37.78% or 184, Oak Centre at 22.60% or 40 and Women's Place at 21.60% or 27 totalling 251 individuals.

Lack of client identification and a common information system mean that individuals were probably counted by more than one agency. The agencies could have estimated these numbers by counting the number of contacts throughout 1996, rather than the number of individuals.

**TABLE 4**

**Percentage of Homelessness by Agency**

(Indication of no fixed address, fixed address and resulting % of homeless.)

| AGENCY | No Fixed Address | Has Fixed Address | % of Homeless |
|---|---|---|---|
| **FORT ERIE** | | | |
| Community Outreach Program Erie (COPE) | 0 | 123 | 0.00% |
| Fort Erie Housing Help Centre | 174 | 668 | 20.67% |
| College Basement | 5 | 30 | 14.29% |
| **NIAGARA FALLS** | | | |
| Project Share, Housing Help Centre | 390 | 3200 | 10.86% |
| CMHA Niagara South | 4 | 83 | 4.60% |
| YWCA | 3 | 91 | 3.19% |
| Salvation Army | 470 | 3958 | 10.61% |
| **PORT COLBORNE** | | | |
| Port Colborne District Association for Community Living Inc. | 0 | 162 | 0.00% |
| Port Cares | 10 | 324 | 2.99% |
| New Port Centre | 52 | 1025 | 4.83% |
| **ST. CATHARINES** | | | |
| CMHA St. Catharines, Club House | 35 | 85 | 29.17% |
| Niagara Assessment & Programming Services | 1 | 300 | 0.33% |
| Detox Centre, Hotel Dieu Hospital (men & women) | 371 | 1754 | 17.46% |
| Main Stream | 1 | 90 | 1.10% |
| Friends of Schizophrenics (FOS) | 6 | 50 | 10.71% |
| St. Catharines General Hospital, Crisis | 9 | 731 | 1.22% |
| City Mission | 200 | 800 | 20.00% |
| St. Catharines Housing Help Centre | 673 | 1479 | 31.27% |
| **WELLAND** | | | |
| Community Legal Services of Niagara South Inc. | 3 | 379 | 0.79% |

| AGENCY | No Fixed Address | Has Fixed Address | % of Homeless |
|---|---|---|---|
| Welland County General Hospital (Mental Health Services) | 4 | 423 | 0.94% |
| Salvation Army | 0 | 2763 | 0.00% |
| Canal View Homes | 0 | 73 | 0.00% |
| Gateway Residence of Niagara Inc. | 1 | 29 | 3.33% |
| Women's Place - Welland & District Inc. | 27 | 98 | 21.60% |
| Consumer Survivor Initiative of Niagara | 5 | 182 | 2.67% |
| Oak Centre - Alternative Community Support | 40 | 137 | 22.60% |
| Housing Help Centre/Community Resource & Action Centre (CRAC) | 184 | 303 | 37.78% |

Table 5 illustrates the number of people with mental health and addiction problems that are homeless. The Housing Help Centre of Fort Erie indicates that almost one-half (47.1%) of the homeless population that they serve have mental health problems, while an even larger number (74.1%) have addiction problems.

In Niagara Falls, of the people served by the Salvation Army, it was estimated that 74.8% have mental health problems. In contrast, Project Share/Housing Help Centre estimates (16.9%) have mental health problems, while half (50%) of their population have alcohol problems. New Port Centre of Port Colborne indicates that although all of their population has addiction problems only 19.2% have problems with mental health. The Detox Centre in St. Catharines show that 74.9% of their admissions have mental health problems. CMHA St. Catharines & District have stated that 100% of their homeless population have mental health problems, which is not surprising, while almost half (42.8%) have addiction issues. St. Catharines Housing Help Centre reports that 24.9% have mental health problems while 33.4% have addiction problems. High percentages of the population that visits the City Mission have mental health problems (75%) and addiction problems (80%). In Welland, half (50%) of the people who visit the Housing Help Centre, have mental health problems while addictions are minimal at 4.3%. Oak Centre serves the highest number of homeless in this city with 100% experiencing mental health problems and 75% having addiction problems. Women's Place takes in the third highest number of homeless individuals and indicate that no one experiences mental health problems and 25.9% have addictions.

It is clear from this table that the Housing Help Centres, Detox Centre and Salvation Army of Niagara Falls are coping with highest numbers of individuals with mental health and addiction problems. This could indicate a need of a community support worker to be linked with these agencies to help prevent this fragile population from falling through the cracks.

## TABLE 5
## Addictions & Mental Health Problems Amongst the Homeless

| AGENCY | Homeless | Mental Health Problems | Alcohol Addiction | Drug Addiction | Mixed Addiction | Unknown |
|---|---|---|---|---|---|---|
| **FORT ERIE** | | | | | | |
| Community Outreach Program Erie (COPE) | Did not respond to question or not applicable. | | | | | |
| Ft. Erie Housing Help Centre | 174 | 82 | 82 | 27 | 20 | 8 |
| Basement College | 5 | 1 | 0 | 3 | 0 | 0 |
| **NIAGARA FALLS** | | | | | | |
| Project Share, Housing Help Centre | 390 | 66 | 195 | 0 | 0 | 0 |
| CMHA Niagara South | 5 | 5 | 1 | 0 | 2 | 2 |
| YWCA | 3 | 2 | 1 | 0 | 2 | 0 |
| Salvation Army | 470 | 352 | 0 | 0 | 0 | 0 |
| **PORT COLBORNE** | | | | | | |
| Pt Colb. District Association for Community Living Inc. | Did not respond to question or not applicable. | | | | | |
| Port Cares | 10 | 1 | 0 | 0 | 2 | 8 |
| New Port Centre | 52 | 10 | 9 | 12 | 31 | 0 |
| **ST. CATHARINES** | | | | | | |
| CMHA St. Cath. Club House | 35 | 35 | 2 | 2 | 11 | 20 |
| Niag. Assess. & Prog. Serv. | 1 | 1 | 0 | 0 | 0 | 1 |
| Detox Centre, Hotel Dieu Hospital (men & women) | 371 | 278 | 100% with addictions - not broken down. | | | |
| Main Stream | 1 | 0 | 0 | 0 | 1 | 0 |
| Friends of Schizophrenics (FOS) | 6 | 6 | 0 | 2 | 0 | 0 |
| St. Cath. Gen. Hosp., Crisis | 9 | 1 | 0 | 0 | 0 | 0 |
| City Mission | 200 | 150 | 100 | 50 | 5 | 0 |
| St. Cath. Housing Help Centre | 673 | 168 | 125 | 60 | 40 | 111 |
| Salvation Army | Information arrived too late to be included. | | | | | |

| AGENCY | Homeless | Mental Health Problems | Alcohol Addiction | Drug Addiction | Mixed Addiction | Unknown |
|---|---|---|---|---|---|---|
| **WELLAND** | | | | | | |
| Community Legal Services of Niagara South Inc. | 3 | 1 | Not broken down. | | | |
| Welland County Gen. Hosp. (Mental Health Services) | 4 | 3 | 1 | 0 | 1 | 0 |
| Salvation Army | Did not respond to question or not applicable. | | | | | |
| Canal View Homes | Did not respond to question or not applicable. | | | | | |
| Gateway Residence of Niag. | 1 | 1 | 0 | 0 | 0 | 1 |
| Women's Place - Welland & District Inc. | 27 | 0 | 5 | 2 | 0 | 10 |
| Consumer Survivor Initiative of Niagara | 5 | 5 | 0 | 1 | 1 | 3 |
| Oak Centre - Alternative Community Support | 40 | 40 | 7 | 2 | 21 | 7 |
| Housing Help Centre/ Community Resource & Action Centre (CRAC) | 184 | 92 | 8 | 0 | 0 | 0 |

## 5.3 Snapshot Survey Results

In an attempt to have an actual count of the number of homeless on the street, on a given night, it was decided to have a snapshot survey. The community service organizations that were involved in the survey include: the Niagara Regional Police, emergency departments of general hospitals throughout the region, agencies that provide emergency shelter and agencies that have contact with the homeless but do not provide emergency shelter.

### Prevalence of Homelessness

On Wednesday, March 5, 1997 a street count of the homeless population of Niagara indicated that 79 people were homeless that night. The actual number of people on the street was 23, while the remaining 56 were placed in temporary shelters. This number probably under represents the actual number of people who are homeless on a given night. The street count was conducted between 8:00 -10:00 p.m. at night and focused mainly on shelters. If a recount was done more specific instructions would be given to individuals helping with the data collection. The focus would be on places where homeless people stay like donut shops, abandoned buildings and would be conducted from 12:00 - 2:00 a.m.

The Niagara survey was completed on a night when the churches' "Out of the Cold Program" was available. This program is available in only one or two centres throughout the region, a few nights a week and only during the winter months. Had the study been conducted on another night, the individuals using shelter may have had no place to go.

The findings support information previously collected through consumer and agency surveys. Forty-five (57%) of the homeless population were men, with the highest number 23 (51%) in the 25-44 age range and 10 (22%) in the 16-24 bracket. Likewise, 25 (32%) females were homeless with the highest number 11 (44%) in the 25-44 age range, 6 (24%) females in the 16-24 category. The highest population of the people who spent the night of March 5, 1997 on the street was found in St. Catharines totalling 16 (20.3%), with Fort Erie indicating 5 (6.3%). Welland indicated 2 (2.5%) were on the street while Niagara Falls reported a zero street count.

**TABLE 6**
**Snapshot Survey Results**

| AGENCY | Total Number | CATEGORY | | | Gender (Age Group) |
|---|---|---|---|---|---|
| | | Hosp. Emerg.Room | Shelter | Street Count* | |
| **FORT ERIE** | | | | | |
| Ft. Erie Housing Help Centre | 5 | | | X | Male (16 - 24) = 3<br>Female (16 - 24) = 2 |
| **NIAGARA FALLS** | | | | | |
| Project Share, Housing Help Centre | 9 | | X | | Male (2 - 67) = 4<br>Female (2 - 67) = 5 |
| Holy Family Regional Niagara Youth Centre and Boys Home | 5 | | X | | Male (16 - 24) = 5 |
| YWCA | 8 | | X | | All Females<br>16 year old = 1<br>25 - 44 = 4<br>44 - 64 = 2<br>unknown = 1 |
| **ST. CATHARINES** | | | | | |
| CMHA St. Catharines, Phoenix House | 1 | | | X | Male (25 - 44) = 1 |
| Detox Centre, Hotel Dieu Hospital (men & women) | 8 | | X | | Male (16 - 24) = 2<br>Male (25 - 44) = 3<br>Male (45 - 64) = 1<br>Female (25 - 44) = 2 |
| St. Catharines General Hospital - Emergency Dept. | 1 | X | | | Male (45 - 64) = 1 |

| AGENCY | Total Number | CATEGORY | | | Gender (Age Group) |
|---|---|---|---|---|---|
| | | Hosp. Emerg.Room | Shelter | Street Count* | |
| St. Catharines Housing Help Centre | 6 | | | X | Male (25 - 44) = 4<br>Female (25 - 44) = 2 |
| Niagara Regional Police | 8 | | | X | Male (25 - 44) = 5<br>Female (16 - 24) = 3 |
| Salvation Army | 10 | | X | | Male (16 - 24) = 10 |
| Women's Place | 1 | | X | | Female (25 - 44) = 1 |
| First United Church | 9 | | X | | Unknown (16 - 44) = 9 |
| **WELLAND** | | | | | |
| Niagara Regional Police | 1 | | | X | Male (25 - 44) = 1 |
| Oak Centre - Alternative Community Support | 7 | | X(6) | X(1) | Male (25 - 44) = 5<br>Female (45 - 64) = 1<br>Female (25-44) = 1 |
| **TOTAL REGIONAL COUNT** | | | | **79** | |

** The street count was completed by the Niagara Regional Police and agencies that do not have overnight accommodations. This count included agencies without overnight accommodation because they were aware of people who would spend the night on the street, if friends had not taken them in. The Niagara Regional Police in St. Catharines obtained their numbers through a foot patrol in the downtown core of town during the hours of 8:00 p.m. to 10:00 p.m.*

# 6 *DISCUSSION AND COMMENTS*

## 6.1 Thoughts and Comments by the Two Consultants

The information was collected in conversations with consumers from Welland, St. Catharines, Niagara Falls, Crystal Beach and Smithville.

### Street Experiences

Out of 47 consumers interviewed, 3 females and 2 males reported having been raped, nearly all of them have been beaten up on the street and when confronted with violence, most of them would run rather than fight back. Most of the people interviewed left home because of poor family relationships.

A significant factor in being homeless is a lack of money and food, so that most of them resorted to stealing to survive.

Finding a place to sleep is a definite problem for the homeless. The younger population use friends as a short-term solution for a place to sleep, while the older population walk all night to stay warm or panhandle money to get into coffee shops where they remain until they get thrown out.

The majority of the people said it was very cold and lonely on the streets. They spoke of the cold not only as being the weather but of the communities attitudes towards them.

### Health Related

Physical and mental health suffers greatly when people have no permanent address. Some are very suicidal because of their living condition and mental health and/or addiction problems. Individuals with a dual diagnosis, that is, developmental disability and mental health problems, become easy victims for violence and abuse. Several admitted to having a drug and/or alcohol problem and indicated that even though they were well educated and held a job, mental health and addiction problems caused them to lose everything.

### System Related

The majority of the homeless do not have a health card or birth certificate to enable them to receive needed care. All individuals spoke of needing a safe place in which to live, however, it is difficult to get first and last month rent and welfare does not supply enough money to pay the high prices landlords want.

Some service providers do not give information that is clear or easily understood by the homeless, which makes it difficult to access what is available to them.

Some of the homeless end up in jail because of a lack of housing, while not an appropriate setting, the police view this as a better setting than living on the street as it provides them with food and shelter.

Through the interviews the consultants were informed of a "black list" for certain people in the formal system and in the community.

Several of the homeless, who identified having a mental health problem, indicated that their families had difficulty coping with their behaviour, which resulted in them being on the street.

Discharge planning is a critical issue when a homeless person is being released from hospital. It is essential that the individual is linked with the appropriate resources to meet their needs.

Some service areas within the Niagara region refuse to see the homelessness in their community, "No homeless here, we feed them and send them on their way. We tell them where the hostels are, there is no homeless here in our community".

## 6.2 Thoughts and Comments Expressed by Service Providers

### Trends in Government

Homelessness is on the increase due to decisions by the government to address the deficit by cutting back on social safety nets such as the 22% cut to C.W.A. (Welfare). Restricting the number of people who qualify for C.W.A., Family Benefits Pension, Canada Pension Plan (C.P.P.), sick leave, and removing rent controls and high unemployment make it increasingly difficult for individuals to pay rent.

*"The Ministry of Community & Social Services are asking people on disability to prove that they really have a disability under the new definition. The discussion and plans to define disability are creating fear among people. This redefinition will result in people who need the security of income to be rejected from pensions. The myth that social services has caused the country's deficit, result in the acceptance of cuts to social safety nets and a meaner attitude toward people who have been forced or fallen into poverty and homelessness."*

There are now dispensing fees for prescriptions. *"It is very difficult to buy your medication when you have no money to pay the extra fees. This results in higher incidence of physical health problems. It also makes it difficult, if not impossible to maintain a decent level of nutrition and/or hygiene."*

### Challenges of the System

The following barriers and challenges were identified:

- policy barriers and bureaucracies

- lack of appropriate treatment for individuals with dual diagnosis
- increasing number of women
- difficulties diagnosing mental health problems in youth
- lack of trust by homeless, lack of identification, disconnectedness from society
- the mental health act - According to the Mental Health Act, people can not be ordered to take medication or accept treatment unless they are a threat to themselves or others.
- long waiting lists

*"With the current trend in decreasing funding we expect individuals who have dual diagnoses will be the ones most affected since current services may not be as readily available to them as they are now. People with dual diagnosis face unique struggles in their attempts to cope with life. Often they are dismissed by the psychiatric community because their cognitive impairments may make counselling/treatment a slow and difficult process. As well, they are often unable to clearly express what they are experiencing, so finding the right medicine may be more difficult to pinpoint. They need specialized emergency services and short term residential placement to overcome crisis or flares in their mental illness."*

*"There is a high `at risk' population who are living in situations that are so deplorable that by the time the `system' becomes involved, their housing is lost. These situations can occur because:*

- *the people are elderly and disconnected from the community;*
- *they refuse treatment under the mental health act;*
- *there are long waiting lists within the system which prevents prompt intervention."*

*"Many who are homeless have been bounced around in the system all their lives and the results of this is they do not trust the system to help them now. Because of the lack of trust, when they need assistance they do not know where to go or how to get it. When I attempt to help them the bureaucracy of the system inhibits the process of providing them the services they badly need and deserve."*

**Attitudes Toward Homeless People**

Attitudes towards homeless vary from empathy and understanding to fear, denial and victim blaming. Examples of empathy and understanding are illustrated in the following quotes:

*"To be homeless is to be without dignity or security, to live under degrading public scrutiny. Homelessness is caused by factors beyond the control of the individual, for example, the recession, unemployment, the declining low rental housing, and also, by factors more directly related to a persons' life, such as family breakdown, drugs, alcohol abuse, psychiatric problems, or just an inability to form relationships or hold down a job."*

*"People who are homeless and experience mental illness are powerless and hopeless. They do not vote. They have no voice in the community."*

Examples of denial and victim blaming are:

> Many workers see the world from a middle class position and do not appreciate the world from poverty and mental illness, *"Can't relate well"*. Trust is a major issue for this group of people.
>
> *"There are attitudinal barriers that are powerful and marginalize people."*
>
> *"People choose to be homeless."*
>
> *"Homelessness is not so much evidence of people falling through the cracks as it is evidence of a society less willing to help. Only a few people are permanently homeless, for the remainder the situation is constantly changing."*

**Barriers to Acquiring Housing**

Some barriers to acquiring housing are: individuals inability to fit into society; traditional service delivery; and, lack of supportive housing, and government funding cuts.

- Some street people are on the street because they lack the ability to live with society on a social scale. They also have no respect for the rules and regulations of their community. Someone with a mental health problem has a very difficult time remembering that there are certain things that can not be said and done, and sometimes not even realizing that these things will get them in trouble with the law and agencies.

- *"Finding traditional or emergency housing for female members is often a very difficult task as some places will not house them if they are not on medication. The Salvation Army is usually available to the males in a similar position. We often find people will be discharged from the correctional system without any thought as to where they will stay and they end up back on the street."*

- *"There is a huge lack of supportive housing. Affordable housing for singles. Lack of services for individuals referred to as "HARD TO SERVE". There is no crisis housing. It is very difficult to access medical and dental services. There is no coordinated crisis intervention system. Physicians are not willing to work with these individuals. There are transportation issues (e.g., there is no transportation in small communities or between communities)."*

- With provincial and regional cuts, paid hostel stays decreased to a maximum of 5 days. There is a decrease in shelter allowance and more units are now out of reach of perspective tenants.

**Supports Needed**

The following supports are needed: supportive and affordable housing; respectful services; additional financial resources; and, community outreach workers.

- According to the agencies that deal with homeless people more supportive housing is needed. More support systems are required if communities want homelessness to be a problem of the past.

- The most important issues for people who are homeless and experience mental health problems are: Respect, Money Needs, Safety, Security, A place to stay, Right to privacy, Freedom of choice

- *"Every agency should employ a community outreach worker whose responsibility is to find and reach out to the homeless and hard to serve consumers. After all, they are the ones who could benefit most from our support."*

- Having housing is a basic need and if this need is not met the other areas of life become more obscure and heightened.

## 6.3 Statements from Those Who are Currently Homeless

**Violence & Abuse**

The homeless speak of trying to flee from violence and abuse and of being exposed to more of it on the street.

- *"It is unbearable at home. I was raped and abused on the street."*
- *"Violent things happen to me on the street. Physical and mental health suffer."*
- *"If parents would hear what I am saying then I would listen to them."*
- *"Got beat up, money stolen, and got hit with a beer bottle. Got frost bite. Very lonely, people not friendly."*
- *"Fighting and screaming scare me. I need people to help me. I can't help me no how."*
- *"I left home because of family problems."*

**Experiences with the System**

The homeless population are terrified and suspicious of the system based on past experiences. They speak of being degraded and feeling intimidated when they approach agencies for help, because of perceived condescending attitudes by some, and the affluent surroundings.

- *"I won't go to agencies because I get labelled and it makes it hard to make friends who understand my situation."* (This person is young, out of school with no job, and going from place to place looking for work)

- *"Too many rules and regulations to follow."*
- *"Church help but I don't want to pray for myself."*
- *"Nobody is going to control me by giving me money."*
- *"A safe place where no one forces medicine on me."*
- *"Someone to talk to me."*
- *"Have trouble with welfare."*
- *"Not going to school because I have no address."*

The feeling expressed by many is a perception that people in the system do not care.

**Experiences on the Street**

People on the street talk about hunger, difficulty sleeping and taking care of personal hygiene.

- *"On the street I was scared to sleep."*
- *"No food to eat."*
- *"Can't find a job. No money. No home. Marriage broke up. Not on medication. I can't afford it. When people on the street don't use their medication properly, it causes illness to take over and the downward spiral begins. I'm truly ------- up."*
- *"When I got a shower I stood in the rain and I washed my clothes the same way."*

While survival is the foremost issue for the homeless, they are also preoccupied with loss of belongings and relationships.

- *"I'm on probation because I did things because I have no address. I might have to go to jail."*
- *"I see the streets as my home. I don't trust people. I get mad a lot so no one wants me. Life on the street is very depressing, lonely and cold. Not knowing where I will sleep or if I will eat is a constant factor of survival."*
- *"Lost all my belongings. I have a drug and alcohol problem. Very lonely and I'm on medication for depression. Hard to find a place to sleep and food to eat. People look at me like I'm diseased. I don't handle money well."*
- *"I've been to hell and back."*
- *"I will do what ever it takes to survive on the street, stealing etc.. Homeless people are kind to me but people in general are not."*
- *"People are scared of me when they don't understand."*
- *"I travel around trying to find a home. Nobody wants a homeless bum. I'm going back to Toronto so I can blend in and disappear."*
- *"I sold myself to get food and drugs and a place to sleep. Don't advise anyone to live on the street, it's "HELL". Was close to killing myself."*

A sentiment expressed by one individual highlights the potential value of this report.

- *"PEOPLE DIE OUT THERE. WILL THIS REPORT HELP OTHERS?"*

## 6.4 Statements from Those Who are Presently Housed

### Violence & Abuse

Like those who are currently homeless, those who were homeless, spoke of leaving violent or abusive situations only to be met with more violence on the streets.

- *"My mother abused me. I had no where to go. The police believed her. So I ran to the street. I was so scared I would not live to see tomorrow, with all the drug dealers on the street. I was scared they would steal my shoes so at night I took them off and held them close to me under my shirt. Peoples remarks broke my heart. When I lived on the street I felt dead. No money. No support to help. Other people told me where to get help."*
- *"Kids called me bad things I didn't bother them, why did they bother me?"*
- *"They threw rocks at my window. I would sleep in my barn or by my mother's grave when I was real scared."*

### Experiences with the System

Struggles to meet basic needs continue, **even after housing is found**, as individuals describe the difficulties of living on assistance.

- *"Not enough welfare to buy food after I pay my rent so I eat at the soup kitchen."*
- *"People who have, don't know what it feels like to have nothing. Even though I have a place now I'm scared I will lose it because of the cut-backs. The government needs to smarten up and listen to the homeless. People are suffering."*
- *"I was a lot better off before government cut-backs. I had more support."*
- *"My support system is always here for me to talk to."*

### Current Conditions

Individuals who had found housing spoke of the joy in simple things like laundry but also spoke of fear of losing their housing. Lack of support and difficulties meeting basic needs like heating is a constant worry.

- *"Now that I have a roof over my head I'm not so frightened or vulnerable."*
- *"Heat not working right."*
- *"I like it here. (rooming house) Nice and clean. I do the washing because I'm the only one who can use the machine. I like to keep busy."*
- *"I like it here but could use more support. (supportive housing)"*
- *"I have a kitchen to cook in. When I have a place to live I take my medications. " Don't like it in lodging home. Scared if I say the wrong thing I will be shipped off to Hamilton."*
- *"Independent living is good if your well, but if you're sick you can't cope to stay in an apartment by yourself. Even if I have life skills when I am sick, can't do it."*
- *"Permanent housing made me feel safe."*

- *"I didn't help me."* (He felt his life was OK although he had no heat, electricity, regular food or running water in his home.)

One thing constant in the surveys is that both men and women need a short-term, safe place to go in time of crisis.

## 6.5 General Comments from Those Surveyed

### a) What is Helpful?

In response to the question "What helps you get by in your present situation?", the following responses were recorded:

- Agencies were number one on the list. Families were second. Friends were third.
- Some homeless felt churches were helpful..
- Several homeless stated they helped themselves. *"I had to help myself because no one else would."*

The types of services/organizations people mentioned as helpful include:

**St. Catharines**
- Housing Help Centre (St. Catharines, they have a street worker on staff who understands street people and cares)
- Ozanam Centre (don't have to pray for food)
- Salvation Army (hostel, food, and clothing)
- Detox Centre (male and female)
- Canadian Mental Health - St. Catharines (drop in centre)
- Three Churches (open their doors for homeless to sleep and eat different nights of the week)

**Welland**
- Community Resource and Action Centre (soup kitchen and housing help)
- Open Arms Mission (meal on Saturday)
- Oak Centre (Club House - support)
- Gateway (supportive housing)
- Women's Place (shelter for abused women and children)
- Welland County General Hospital (Day program)

**Niagara Falls**
- Project Share (food and clothing and Housing Help)
- YWCA (supportive housing - women)

**Fort Erie**
- COPE (Housing Help Centre and Food)
- St. Vincent De Paul Society (Clothing and Food)

**Crystal Beach**
- The Basement College

**Other Areas Listed**
- Lincoln Community Cares
- Regional Welfare
- Police

**b) What is Not Helpful?**

In response to the question "What was not helpful to you to get off the street?".

- Lack of money and not belonging to the community were key elements identified.
- Lack of safe shelters.
- Public's negative attitude toward the homeless.
- Lack of support system.
- Mental health problems play a huge part in people who are unable to keep a roof over their heads. *"I got sick and lost my apartment."*

**c) Ideas for Change**

In response to the question "Based on your experience what changes would you suggest, so people do not end up on the street, ie: housing, health, financial, work, others? The following were identified:

- Separate hostel for youth and women
- More support for everyone who has difficulty with housing
- Flexibility, accessibility to services
- Financial help to look good when looking for work
- *"Giving a person a meaningful purpose helps their mental problems"*
- Giving services for life skills
- Teach self-help
- Flexibility and accessibility to support services through knowledgeable support workers.
- *"Support, trust, treat us like we are humans with respect and dignity."*

The stories collected from those interviewed revealed frequent themes of abuse, unmet basic needs, rejection, loneliness and a sense of emptiness. Everyone interviewed was involved with at least one agency. These agencies were viewed as a major support to them.

# 7 *BARRIERS, GAPS AND CHALLENGES*

Barriers, gaps and challenges have been identified in housing, legislation, lack of funding, services delivery, communication and networking and demographics.

### Housing

The problem with housing is not just in the numbers available but also in the availability of safe, affordable housing with non-exclusionary criteria.

### Legislation

Some agencies have identified that there is a problem in reaching out to the homeless who are seriously mentally ill. They identify that while the Mental Health Act protects the consumer, it prevents them from providing treatment that could most help those in greatest need. The homeless population, particularly the youths, have difficulty accessing welfare and disability benefits.

### Lack of Funding

Many agencies have identified that it is extremely difficult to meet the needs of the homeless population due to lack of funding. Many agencies are struggling to provide for the basic needs of those they serve, but do not have the time to deal with more complex issues.

### Service Delivery

According to those surveyed, there are basic problems in the existing system. Almost all of those interviewed identified loneliness as a big problem. Waiting lists and exclusionary criteria of many agencies makes it undesirable or difficult to access services. Several of the agencies have no evening or weekend services and are available Monday to Friday from 9 a.m. - 5 p.m. Many front line workers are given time restraints by their agencies and are unable to spend as much time as needed to assist the homeless. A trusting relationship can not be developed in an hour every week. Several of the homeless identified being treated with a lack of respect and compassion by some service providers. They identified that some staff acted as if they know best and did not listen to them. A few individuals identified being "black listed" by some agencies which left them "out in the cold".

### Communication and Networking

Service providers consistently agreed that there is a lack of communication and networking between agencies who deal with the homeless population. There are currently two groups in the region who are attempting collectively to serve "the hard to serve" in a consistent and meaningful way, however, these groups are only beginning to network.

One example of a positive network experience is a three-month pilot project sponsored jointly by the Adult and Mental Health branches of the Regional Niagara Public Health Department working out of the Housing Help Centre in St. Catharines. This Homeless Drop-In Program, which offers the flu shot, dental examination and health assessments, has completed 94 general assessments to the 136 people who have availed themselves of this program.

It is essential that everyone working with this marginalized population come together to meet the extensive needs of those they serve. Linkages to develop an integrated community system should be a priority in the redesign of the mental health system in Niagara.

### Demographics

The geographical area of Niagara presents its own problems. Niagara is large and unconnected with the population spread over five small cities, with many towns, villages and rural areas. Compounding this geographical spread is a lack of transportation and toll-free telephone services.

Population estimates for Niagara in 1996 are 432,666 (Ontario Ministry of Finance). Currently, Niagara is the third most populous district in Central West. However, Niagara's population is highly decentralized. No one local municipality contains a majority of our residents: St. Catharines contains about 33%, Niagara Falls about 19%, and Welland about 12%. There is minimal public transportation between local municipalities and telephone service is not toll-free within the district. One of the Community Investment Fund proposals, Community Crisis Care, is planning a toll-free line for crisis calls as soon as the funding is available. This is however, toll-free for crisis situations only, and homeless individuals generally do not have access to telephones. These factors make the delivery of centrally based health care services logistically complex. Geographic divisions which were formed long before Niagara became a regional municipality continue to influence the organization and delivery of all human services.

## 7.1 Limitations of the Study

### Lack of Standardized Data Collection

It is difficult to predict the accuracy of the findings due to the possible duplication from the agencies when determining the numbers of people who are homeless. Several agencies indicated high numbers in describing the homeless population they serve, but the numbers might represent the number of contacts made with an agency, rather than the number of individuals involved.

**Subjectivity**

Determination of mental health problems was subjective and a definite limitation of the study. The information was based on self disclosure by those participating in the survey and by staff conclusion, based on behaviours exhibited by the individuals.

# 8 CONCLUSIONS AND RECOMMENDATIONS

## 8.1 Conclusions

In conclusion, although the consultants had a good understanding of the homeless situation in Niagara prior to the study, they were appalled by the lack of services to the homeless population, in particular to the adolescent age group. Attitudes expressed to young people by agencies are often lacking in understanding and caring eg: "go home and deal with it".

The homeless population indicated they chose the street because the system failed them. Although the street is not an ideal choice, it is better than "being warehoused", a situation currently offered within the present system.

The population who have mental health problems and are homeless stated that it was too difficult to be in crowded quarters because it triggers fears which causes them to become aggressive, which in turn forces them to leave. This population visits the agencies that are most accepting of them as people, however, these agencies do not have overnight accommodation. Safety issues and loneliness walk hand in hand with all homeless people.

The best way to meet the needs of this population is to reach out. Some of the needs of the homeless population are being met in the current system in a limited way, but so much more has to be done.

## 8.2 Recommendations

These recommendations are an attempt to address the identified gaps, barriers, and challenges in meeting the needs of the homeless population.

1) It has been identified that not all homeless people want supportive housing but they do want support. The system requires more "street workers" to become involved "out in the street" to build trusting relationships with the homeless population. The Community Support Workers Program funded by the Ministry of Health through Community Investment Funds can help to meet this need. Community support workers should work out of the Housing Help Centres, Salvation Army, drop in centres and the Detox Centre, where the highest percentage of the homeless population congregate.

2) The new community support workers should connect with disconnected youths and Housing Help drop-in centres. These workers will need specialized training in working with youths and in working on the street.

3) An attitude of empathy and respect is essential and the use of flex funding as an extension of friendship may facilitate relationship building between outreach workers and the homeless (i.e., sharing coffee and sandwiches).

4) The Implementation Plan for the Mental Health System Design should consider the design of an educational package with basic components of empathy, respect and dignity to be provided to all service providers to meet the needs of this population.

5) The community needs to develop a coordinated system in which the individuals needs are met and no one would be "black listed" or fall through the cracks. Service agreements should be used to formalize new arrangements among service providers and to ensure linkage of vital services such as: crisis, support workers, housing, drop-in programs, hostels, hospitals and consumer and family organizations (e.g., agreements with Regional Niagara Public Health Dept. And Housing Help Centres).

6) With the high rate of mental health and addiction problems in the homeless population, community agencies should explore the feasibility of sharing existing space to deliver services. By working collaboratively, scarce resources can be used effectively to meet the needs of consumers with concurrent disorders.

7) Additional dollars needs to be allocated to establish more homes throughout Niagara. Currently, 71 spaces are available through the Homes for Special Care Program located in Niagara north. CMHA - Niagara South and Gateway provide an additional 10 spaces in Niagara north and an additional eighteen spaces in Niagara south. Safe, clean, affordable housing with support attached is needed throughout the region.

8) The adolescent and adult population have identified the need to have separate accommodation to meet their different needs. Phoenix safe beds, through Community Investment Funds, will provide a beginning "crisis bed system". Additional dollars should be allocated to extend the provision of safe beds throughout Niagara, 7-days per week and 24-hours per day.

9) Involvement and education of the community will broaden public awareness which can help to create a positive atmosphere for enhanced political and funding support for service initiatives aimed at this population. This can be achieved by inviting the community to be involved in program development (e.g., Churches - out-of-the-cold programs; high schools - awareness programs).

10) All agencies involved in providing services to this population should use a standardized approach to data collection. There are existing systems available in the province that can be used as a model.

# *REFERENCES*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# *APPENDICES*

APPENDIX A - Agencies Homeless Survey
APPENDIX B - Consumer Survey
APPENDIX C - Consent Form
APPENDIX D - List of Agencies Involved in Survey
APPENDIX E - Letter re: Policy Guideline - The Provision of Community Mental Health Services to People who are Homeless or Socially Isolated
APPENDIX F - Hamilton-Wentworth Survey

## APPENDIX A

## HOMELESSNESS SURVEY

**PART A People who use Your Service - (based on your fiscal year)**

1. a) Please estimate how many people have "no fixed address"? _____

   b) Please estimate how many people have a "fixed address"? _____

**Add l(a) and 1(b) and use the total number of people who used your service/organization to answer questions 2, 3, and 4.**

Total _____

2. Number who are males? Males _____

3. Number who are females? Females _____

4. Age (use your best estimate)

   Number of people who are:

| | | | |
|---|---|---|---|
| Under 16 years of age | ____ | 45 - 64 | ____ |
| l6 - 24 | ____ | 65 + | ____ |
| 25 - 44 | ____ | | |

**PART B People with "No Fixed Address" and a Mental Illness**

In this section, we ask you to count the number of people with "no fixed address" (1. (a) ) who have an observed or self reported mental illness. Please note, in Part "C" we will ask you about those people who have a "'fixed address"' {1 (b) )

5. a) Please estimate how' many people with "no fixed address" disclose a psychiatric diagnosis or hospitalization for psychiatric reasons?

   _____

   (b) Of those who have not disclosed a psychiatric diagnosis or hospitalization. how many people display behaviour which leads you to believe they may have a mental illness?

   _____

**Add 5. (a) and 5. (b) and use the total number to answer questions 6, 7, and 8.**

Total _____

6. a) Number who are male"? Males _____

   b) Number who are female"? Females _____

c) Number of people who are:

| | | | |
|---|---|---|---|
| Under 16 years of age | ____ | 45 - 64 | ____ |
| 16 - 24 | ____ | 65 + | ____ |
| 25 - 44 | ____ | | |

7. Please break down the number of people identified into the following patterns of homelessness:

*Chronic* (living in shelters or on the street most of the time) _____

*Episodic* (moves often with periods of no housing) _____

*Seasonal* (finds housing during inclement weather) _____

*Situational* (without housing due to a significant life change) _____

Do not know _____

**Total - This number should equal the total of 5. (a) and 5. (b).** _____

8. a) To the best of your knowledge, of the total people { 5. (a) and (b) ) how many also experience difficulties with:

Drug abuse _____

Alcohol abuse _____

Multiple substance abuse _____

Do not know _____

b) To the best of your knowledge, of the total people (5. (a) and (b)) how many might fit into the any of the following categories:

Persons with a Disability _____

Diverse Culture _____

Native Community _____

Francophone _____

People who have experienced the Correctional System _____

## APPENDIX B

## HOMELESSNESS SURVEY
## CONSUMER INTERVIEW QUESTIONS

INTERVIEWEE:
Gender: M F
Age: _____
Marital Status: _____
Current Living Situation: _____

1. Could you talk about your present situation? (housing, duration)

**IF PRESENTLY HOMELESS:**

2. Could you tell me about your experiences on the street?

3. What helps you get by in your present situation? (personal factors, informal support, services, other)

4a. What services are available to you to help you get by? (housing, health, financial, work, other)

4b. What changes would you suggest that may be helpful to you or other people who are without a place to live?

5. Are there any other comments you would like to make at this time"?

**PRESENTLY HAS AN ADDRESS AND HAS EXPERIENCED HOMELESS IN THE PAST**

2. Could you tell me about your experiences during the times you did not have an address/your own place'?

3a. What helped you get off the street? (personal factors/coping skills, informal support, services, other)

3b. We've talked about what helped you to get off the street. What was not helpful to you?

4. Based on your experience, what changes would you suggest so people don't end up on the street? (housing, health, financial, work, other)

5, Are there any comments you would like to make at this time?

***Thank you for taking your time to complete this survey.***

**PART C** **People with a 'Fixed address" and a Mental Illness**

In this section, we would like to determine how many people with a mental illness are using your service/organization and have a "fixed address" {1. (b) )

9. a) Please estimate how many people with a "fixed address" disclose a psychiatric diagnosis or hospitalization for psychiatric reasons?

_____

b) Of those who have not disclosed a psychiatric diagnosis or hospitalization, please estimate how many people display behaviour which leads you to believe they may have a mental illness?

_____

**Add 9. (a) and 9. (b) and use the total number to answer questions 10. 11, and 12.**

**Total**_____

10. a) Number who are males? Males _____

b) Number who are females? Females _____

c) Number of people who are:

| | | | |
|---|---|---|---|
| Under 16 years of age | ____ | 45 - 64 | ____ |
| 16 - 24 | ____ | 65 + | ____ |
| 25 - 44 | ____ | | |

11. To the best of your knowledge, of the total people 9. (a) and 9 (b), how many were without a "fixed address" in the last three (3) months?

_____

12. a) To the best of your knowledge, of the total people (9. (a) and 9. (b) ) how many also experience difficulties with:

Drug abuse _____

Alcohol abuse _____

Multiple substance abuse _____

Do not know _____

(b) To the best of your knowledge, of the total people 9. (a) and 9. (b), how many people might fit into any of the following categories:

Persons with a Disability _____

Diverse Culture _____

Native Community _____

Francophone _____

People who have experienced the Correctional System _____

**PART D Additional Ratings and Comments**

We are interested in your ratings/opinions. Please circle the response that most accurately reflects your opinion.

13. a) How confident do you feel you have been in identifying mental illness?

Somewhat confident 1 2 3 4 5 Very Confident

b) How confident do you feel that this survey is typical of the numbers of people at this time of year who are homeless and mentally ill?

Somewhat typical 1 2 3 4 5 Very Typical

14. The District Health Council's Mental Health Plan for Niagara identifies the following groups of mental health consumers as having specialized needs: People in the correctional system, psychogeriatrics, dually diagnosed, and concurrent disorders (addictions).

Please comment on the trends, and/or specialized needs that you have identified in working with people who are homeless and mentally ill.

15. In the space provided, please offer any further comments you feel will enhance our understanding of homelessness and/or mental illness.

***Thank you for the time and effort you have taken to complete this survey..***

## APPENDIX C

## HOMELESSNESS STUDY - CONSENT

We are studying the needs of people who are homeless. Often people who are homeless have trouble getting help, for example, health care and housing. We would like to ask your opinion about these issues.

All information that is shared by you during this interview is confidential. Your name and any identifying information will not be used in any report. You may choose not to answer any question. You can leave the interview at any time.

The interviewer, _____, (  -  ), has explained what the study is about. I agree to be interviewed. I have received a copy of this informed consent.

| _____ | _____ | _____ |
|---|---|---|
| Name (Print) | Signature | Date |

| _____ | _____ | _____ |
|---|---|---|
| Witness (Print) | Signature | Date |

**I explained the study to this person and I believe he/she has understood it.**

## APPENDIX D

### List of Agencies Involved in Survey

Basement College - Crystal Beach
C.M.H.A. - Niagara South
C.M.H.A. - St. Catharines & District - Clubhouse
Canal View
City Mission
Community Legal Services - Welland
Community Outreach Program, Erie (C.O.P.E.)
Community Resource & Action Centre (CRAC)
Consumer Survivor Initiative of Niagara
Detox - Men & Women
First United Church (St. Catharines)
Friends of Schizophrenics (F.O.S.)
Gateway
Holy Family Regional Niagara Youth Centre and Boys Home
Housing Help Centre - St. Catharines
Housing Help - Fort Erie
Mainstream
N.A.P.P.S.
New Port Centre
Niagara Regional Police
Oak Centre - Alternative Community Support
Port Cares
Port Colborne District Association for Community Living Inc.
Project Share
Salvation Army (Niagara Falls)
Salvation Army (St. Catharines) - Booth Centre
Salvation Army (Welland)
St. Catharines General Hospital - Crisis Department
Welland County General Hospital
Women's Place - St. Catharines
Women's Place - Welland & District Inc.
Y.W.C.A. - Niagara Falls

Ontario

Ministry of Health / Ministère de la Santé

**APPENDIX E**

**Letter re: Policy Guideline - The Provision of Community Mental Health Services to People who are Homeless or Socially Isolated**

November 20, 1996

MEMORANDUM TO: Executive Directors
District Health Councils

Executive Directors/Directors
Community Mental Health Programs

Chief Executive Officers/Chiefs of Psychiatry
Schedule 1 Facilities

Chief Executive Officers/Executive Directors
Specialty Psychiatric Hospitals

Administrators and Medical Directors
Provincial Psychiatric Hospitals

FROM: Jessica Hill
Assistant Deputy Minister
Mental Health Programs and Services Group

RE: **POLICY GUIDELINE: THE PROVISION OF COMMUNITY MENTAL HEALTH SERVICES TO PEOPLE WHO ARE HOMELESS OR SOCIALLY ISOLATED**

---

I am pleased to provide you with a copy of the above noted policy guideline. This guideline was developed as a result of recommendations made by the provincial work group on Homelessness, Social Isolation and Mental Health Reform.

The purpose of the guideline is to provide policy direction for the planning and delivery of services and supports for consumers of mental health services who are homeless or socially isolated, and to assist in ensuring access to services and supports.

District Health Councils are also being provided with a copy of the comprehensive literature review on this subject which may assist with future planning efforts.

.../2

Should you have any questions on the guideline please contact either your Regional Consultant, Mental Health Programs and Services Group or Catherine Brown, Policy Coordinator, Mental Health Programs and Services Group at (416) 327-8304.

Thank you for your attention to this guideline and your anticipated efforts at implementation.

Jessica Hill

Jessica Hill

Enclosure

cc: Lucille Roch
Assistant Deputy Minister
Children, Family and Community Services
Ministry of Community and Social Services

Dino Chiesa
Assistant Deputy Minister
Housing Operations Division
Ministry of Municipal Affairs and Housing

Members
Provincial Work Group

Regional Directors
Mental Health Programs and Services Group

Regional Coordinators
Mental Health Programs and Services Group

Regional Consultants
Mental Health Programs and Services Group

Catherine Brown
Policy Coordinator
Mental Health Programs and Services Group

# MENTAL HEALTH PROGRAMS AND SERVICES GROUP

## POLICY GUIDELINE

## THE PROVISION OF COMMUNITY MENTAL HEALTH SERVICES TO PEOPLE WHO ARE HOMELESS OR SOCIALLY ISOLATED

### PURPOSE OF THE GUIDELINE:

1. To provide policy direction for the planning and delivery of services and supports for consumers of mental health services who are homeless or socially isolated.

2. To ensure that consumers of mental health services, who are homeless or socially isolated, have access to services and supports.

### BACKGROUND:

Severe mental illness is one of a number of serious risk factors for homelessness. Current research and literature suggests that between 30 and 40 per cent of people who are homeless are dealing with a severe mental illness/mental health problem.

**Putting People First** (1993) outlined the policy framework for reform of Ontario's mental health system. The **Implementation Vision for Mental Health Reform** acknowledged, in the statement of values, the reformed mental health system will reach out to people who traditionally have difficulty achieving access to necessary supports and services, such as people who are homeless.

In an effort to consider the service needs of this population, the Ministry of Health, established a provincial work group on **"Homelessness, Social Isolation and Mental Health Reform"**. The work group completed its task in late 1995 and submitted its report and recommendations to the Mental Health Reform Steering Committee and the Provincial Advisory Committee on Mental Health.

### THE POPULATION:

The definition of the priority population for mental health reform, describes severe mental illness/mental health problem, and was accepted by the work group. The work group agreed to the following definition of homelessness and social isolation.

**A person is considered homeless or socially isolated if, "s/he lacks adequate shelter, resources and community ties or whose accommodation is at risk given a lack of resources and community ties." (Levine, 1983)**

## BARRIERS TO SERVING HOMELESS/SOCIALLY ISOLATED PEOPLE:

A number of significant systemic barriers prevent homeless or socially isolated people from receiving the type and level of service and support that is needed. These barriers include the following:

1. a lack of access to and availability of appropriate supports and services;

2. the current structure of services, and approaches to service delivery that do not meet the needs of people who are homeless;

3. an absence of linkage and coordination among service providers that prevent homeless people from receiving necessary services.

## OVERCOMING THE BARRIERS:

The mental health reform strategy indicates there will be a re-allocation of existing mental health resources. This will translate into an overall increase, for all consumers of mental health services, in the **availability** of services and supports that are community focused. These services include case management (which includes supports to housing), crisis response and consumer and family run initiatives. The outcome of the Community Investment Fund will be an enhancement to the community mental health infrastructure.

With an increase in the **availability** of community focused supports and services, it is critical that **access** to services for people who are homeless/socially isolated be ensured. **Access** to services and supports can be improved when case management, crisis response and supportive housing programs, offer assertive **outreach** to people who are homeless/socially isolated. This means that such programs must have the capacity to provide service and support to people where they are located - on the street, in a hostel or drop-in center.

Further, these programs need to allow for the fact that a considerable length of time may be required to **engage** with a person who is homeless/socially isolated and dealing with a severe mental illness. **Engagement** is the process whereby a trusting relationship is established between the consumer and provider, which allows a context for understanding the person's needs and wants and developing a plan for action. For case management, crisis response and supportive housing programs, the process of engagement must be considered in the provision of service.

Also, the reformed mental health system will need to ensure the provision of **drop-in services**. Drop-ins offer a range of services and supports to homeless and socially isolated people such as providing a meal, showers, telephone, social opportunities, self-help, community development, crisis response and on-going counseling. These services are offered to whomever approaches the drop-in, are accessible and located in areas where homeless people can be found.

Drop-in centers can be entry points for people in terms of finding other services and supports from the mental health and social service sectors. In fact, staff of drop-in centers should work with staff of case management, crisis response and supportive housing programs in an effort to better meet the needs of homeless/socially isolated people.

**Service agreements** among providers will also assist in the provision of the range of supports needed by people who are homeless or socially isolated. These arrangements can be formal written agreements, between a number of service providers to offer particular services which can help improve the degree of stability in the lives of homeless people. Service agreements among case management, crisis response, supportive housing, drop-in programs, hostels, hospitals and consumer and family organizations can assist in improving continuity of service and support to homeless or socially isolated people.

## DIRECTION TO DISTRICT HEALTH COUNCILS:

As part of system design and implementation planning for the reformed mental health service system, District Health Councils must:

1. define the scope of the problem of homelessness and social isolation in local communities. Discussions on this issue should include community agencies, and consumer and family organizations that have familiarity in serving people who are homeless.

2. determine how enhanced community focused mental health resources will meet the needs of people who are homeless/socially isolated and determine the local resource allocation that will go toward addressing these needs.

3. recommend that community focused services and supports have the necessary outreach and engagement capacity in order to serve people who are homeless/socially isolated.

4. plan, where appropriate and feasible, for the development of drop-in centers in areas where homelessness/social isolation are identified problems. Where appropriate and feasible, consider the resource needs of existing drop-in centers and make appropriate recommendations in relation to any necessary resource re-allocation to support these services.

5. facilitate and support the development of service linkages and agreements among service providers involved in serving people who are homeless/socially isolated.

## DIRECTION TO SERVICE PROVIDERS:

1. **Case management and crisis response programs must** ensure capacity to provide outreach to people who are homeless/socially isolated. This means these services will be able to intervene where people are located - on the street, in hostels or drop-in centers. These programs must also consider the necessity of the "engagement process" in better serving people who are homeless/socially isolated.

2. **Supportive Housing Programs must:**

   - ensure capacity to serve homeless or socially isolated people;

   - eliminate exclusionary criteria and, specifically, criteria that exclude homeless or socially isolated people, wherever possible and feasible;

   - provide outreach and intake services where homeless people are located - drop-ins, hostels, etc.

3. Case management, crisis response, drop-in and supportive housing programs, consumer and family organizations, hostels and hospitals, wherever possible and feasible, **establish linkages and service agreements** in an effort to better serve people who are homeless and socially isolated.

## CONCLUSION:

As Ontario continues the process of reforming mental health services, it is critical that the needs of those who are homeless or socially isolated and dealing with a severe mental illness/mental health problem be considered and included in both planning activities and service delivery. The province's mental health reform strategy must address the needs of these individuals and ameliorate, not exacerbate, the problem of homelessness.

Hamilton-Wentworth Survey

## SURVEY

The following snapshot survey of people who are homeless in Hamilton-Wentworth is being conducted to determine the number of people who have a self reported or an observed mental illness.

## PART A People who use Your Service

1. Of the people who use your service/organization on the night of Thursday, November 17, 1994 between the hours of 8:00 p.m. and 6:00 a.m.:

   a). How many people have "no fixed address"? _____

   b). How many people have a "fixed address"? _____

   Add 1. (a) and 1. (b) and use the total number of people who used your service/organization to answer questions 2, 3, and 4.

   total _____

2. Number who are male? *males* _____

3. Number who are female? *females* _____

4. Age *(use your best estimate)*

   Number of people who are:

   | | | | |
   |---|---|---|---|
   | Under 16 yrs. of age | _____ | 45 - 64 | _____ |
   | 16 - 24 | _____ | 65+ | _____ |
   | 25 - 44 | _____ | | |

## PART B People with "No Fixed Address" and a Mental Illness

In this section, we ask you to count the number of people with "no fixed address" [1. (a)] who have an observed or self reported mental illness. Please note, in Part "C" we will ask you about those people who have a "fixed address" [1. (b)].

5. a) How many people with "no fixed address" disclose a psychiatric diagnosis or hospitalization for psychiatric reasons?

_____

b) Of those who have not disclosed a psychiatric diagnosis or hospitalization, how many people display behaviour which leads you to believe they may have a mental illness?

_____

**Add 5. (a) and 5. (b) and use the total number to answer questions 6, 7, and 8.**

total _____

6. a) Number who are male? ***males*** _____

b) Number who are female? ***females*** _____

c) Age

Number of people who are:

| | | | |
|---|---|---|---|
| Under 16 yrs. of age | _____ | 45 - 64 | _____ |
| 16 - 24 | _____ | 65+ | _____ |
| 25 - 44 | _____ | | |

7. Please break down the number of people identified into the following patterns of homelessness:

| | | |
|---|---|---|
| *Chronic* | (living in shelters or on the street most of the time) | _____ |
| *Episodic* | (moves often with periods of no housing) | _____ |
| *Seasonal* | (finds housing during inclement weather) | _____ |
| *Situational* | (without housing due to a significant life event) | _____ |
| Do not know | | _____ |
| **Total - This number should equal the total of 5. (a) and 5. (b).** | | _____ |

8. To the best of your knowledge, of the total people [5. (a) and (b)] how many also experience difficulties with:

| | |
|---|---|
| Drug abuse | _____ |
| Alcohol abuse | _____ |
| Multiple substance abuse | _____ |
| Do not know | _____ |

## PART C People with a "Fixed Address" and a Mental Illness

In this section, we would like to determine how many people with a mental illness are using your service/organization tonight and have a "fixed address" [1. (b)].

9. a) How many people with a "fixed address" disclose a psychiatric diagnosis or hospitalization for psychiatric reasons?

_____

b) Of those who have not disclosed a psychiatric diagnosis or hospitalization, how many people display behaviour which leads you to believe they may have a mental illness?

_____

**Add 9. (a) and 9. (b) and use the total number to answer questions 10, 11, and 12.**

**total** _____

10. a) Number who are male? ***males*** _____

b) Number who are female? ***females*** _____

c) Age

Number of people who are:

| | | | |
|---|---|---|---|
| Under 16 yrs. of age | _____ | 45 - 64 | _____ |
| 16 - 24 | _____ | 65+ | _____ |
| 25 - 44 | _____ | | |

11. To the best of your knowledge, of the total people [9. (a) and 9 (b)] how many were without a "fixed address" in the last three (3) months?

_____

12. To the best of your knowledge, of the total people [9. (a) and 9 (b)] how many also experience difficulties with:

Drug abuse _____

Alcohol abuse _____

Multiple substance abuse _____

Do not know _____

## PART D Additional Ratings and Comments

We are interested in your ratings/opinions. Please circle the response that most accurately reflects your opinion.

13. a) How confident do you feel you have been in identifying mental illness?

Somewhat confident 1 2 3 4 5 Very confident

b) How confident do you feel that tonight's sample is typical of the numbers of people at this time of year who are homeless and mentally ill?

Somewhat Typical 1 2 3 4 5 Very Typical

14. The District Health Council's Mental Health Plan for Hamilton-Wentworth identifies the following groups of mental health consumers as having specialized needs: people in the correctional system, native communities, people with physical disabilities, diverse cultures, and francophones.

Please comment on the trends, and/or specialized needs that you have identified in working with people who are homeless and mentally ill.

15. In the space provided, please offer any further comments you feel will enhance our understanding of homelessness and/or mental illness.

**Thank you for the time and effort you have taken to complete this survey. On November 18, 1994, a member of the research team will pick up your completed questionnaire.**

## CONSUMER INTERVIEW QUESTIONS

INTERVIEWEE:
Gender: F M
Age:
Marital Status:
Current Living Situation:

1. Could you talk about your present situation? (housing, duration)

IF PRESENTLY WITHOUT HOUSING:

2. Could you tell me about your experiences on the street?

3. What helps you get by in your present situation? (personal factors, informal support, services, other)

4a. What services are available to you to help you get by? (housing, health financial, work, other)

4b. What changes would you suggest that may be helpful to you or other people who are without a place to live?

5. Are there any other comments you would like to make at this time?

HAS AN ADDRESS - WITHOUT HOUSING IN THE PAST:

2. Could you tell me about your experiences during the times you did not have an address/your own place?

3a. What helped you get off the street? (personal factors/coping skills, informal support, services, other)

3b. We've talked about what <u>helped</u> you to get off the street. What was <u>not helpful</u> to you?

4. Based on your experience, what changes would you suggest so people don't end up on the street? (housing, health, financial, work, other)

5. Are there any other comments you would like to make at this time?